Combined Declaration	and	Power of Attorney	ATTORNEY DOCKET 80012RRS								
As below named inver	•										
My residence, post office address and citizenship are as stated below next to my name,											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
PROOFING HEAD AND PROOFER PRINTER APPARATUS											
The specification of which (check only one item below):											
X is attached hereto.											
was filed as United States Application Serial No. on and											
was amended on (if applicable).											
was filed as PCT international application Number on and was amended under PCT Article 19 on (if applicable).											
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.											
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title											
37, Code of Federal Regulations, §1.56.  I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any											
PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any											
foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:											
PRIOR FOREIGN/PCT APPLI						cii piio	in ordina				
COUNTRY (if PCT, indicate PCT)		PPLICATION NUMBER		DATE OF FILING (day month year)			PRIORITY CLAIMED	INDER 35 USC			
							YES		NO		
		<del></del>					YES		NO		
				<u></u>			YES	<u> </u>	МО		
I hereby claim the benefit under 1	Title 35, United S	tates Code, 119 §	(e) of a	ny United States provision	al applicatio	n(s) liste	d below:				
PRIOR PROVISIONAL APPL	CATION(S) AN	D ANY PRIORI	TY CLA	AIMS UNDER 35 U.S.C.	§119 (e):						
PROVISIONAL APPLICATION NUMBER FILING DATE											
			+								
Thanks discontinued to the Co. of 7	E.a. 25 II 10				. () PG						
I hereby claim the benefit under the United States of America that prior applications(s) in the mann Office all information known to between the filing date of the prior	is/are listed belo er provided by the me to be materi	w and, insofar as to be first paragraph al to patentability	the subj of Title as defi	ect matter of each of the c 35, §112, I acknowledge ined in Title 37, Code of	laims of this the duty to Federal Reg	applicati disclose sulations	on is not disto the U.S. I	sclosed in Patent &	that/those Trademark		
PRIOR US APPLICATIONS C 35USC§120:	R PCT INTERN	IATIONAL APP	LICATI	ONS DESIGNATING T	HE U.S FOR	RBENE	FIT UNDER				
	U.S. APPL	ICATIONS			STATUS (Check one)						
U.S. APPLICATION NUM	U.S. FILING DATE			PATENT	ED	PENDING	ABA	NDONED			
PCT APPLICATIONS DESIGNATING THE U.S.						-		1			
PCT APPLICATION NO. PCT FILI				U.S. SERIAL NUMBERS ASSIGNED (if any)	<del> </del>						
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	ombined Dec	ATTORNEY DOCKET 80012RRS					
aş th	gent(s) as	sociated with Eastman Kod ation and transact all busin	ed inventor, I hereby appoin lak Company <u>Customer No</u> ess in the Patent and Traden	o. 01333 to prosecute			
Patent Legal Sta Eastman Kodak 343 State Street Rochester, NY 1			ak Company eet	Direct Telephone Calls to: (name and telephone number)  Roland R. Schindler, II (716) 588-2736 FAX: (716) 477-1148			
2	FULL NAME OF INVENTOR	FAMILY NAME Collette	FIRST GIVEN NAME Robert	SECOND GIVEN NAME P.			
0	RESIDENCE & CITIZENSHIP	Pavilion	STATE OR FOREIGN COUNTRY NY 14525	COUNTRY OF CITIZENSHIP US			
1	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA			
_	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME			

imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the

application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 204

DATE

SIGNATURE OF INVENTOR 205

DATE

COUNTRY OF CITIZENSHIP

SECOND GIVEN NAME

SECOND GIVEN NAME

SECOND GIVEN NAME

SECOND GIVEN NAME

SIGNATURE OF INVENTOR 203

SIGNATURE OF INVENTOR 206

DATE

DATE

COUNTRY OF CITIZENSHIP

COUNTRY OF CITIZENSHIP

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE (COUNTRY)

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COUNTRY OF CITIZENSHIP

STATE & ZIP CODE (COUNTRY)

New York 14650 USA

STATE & ZIP CODE (COUNTRY)

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